


<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	10/051,310
	Filing Date	January 22, 2002
	Examiner Name	Barbara SUMMONS
	First Named Inventor	Hiroyuki NAKAMURA
	Group Art Unit	2817
	Attorney Docket Number	33216 M 53483.3

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.  
**NOTE:** 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

1. <b>Submission required under 37 C.F.R. § 1.114</b>	<b>RECEIVED FEB 19 2004 OFFICE OF PETITIONS</b>
a. <input type="checkbox"/> Previously submitted i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered). ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. <input type="checkbox"/> Other _____ b. Enclosed i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____	
2. <b>Miscellaneous</b>	
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)	
b. <input type="checkbox"/> Other _____	
3. <b>Fees</b> The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.	
a. <input type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____ i. <input type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e) ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) iii. <input type="checkbox"/> Other _____	
b. <input checked="" type="checkbox"/> Check in the amount of <b>\$900</b> is enclosed (\$770 RCE Filing Fee + \$130 Petition Fee).	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
Name (Print /Type)	Michael A. Makuch	Registration No. (Attorney/Agent)	32,263
Signature		Date	

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on:			
Name (Print /Type)			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents, Box RCE, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/051,310</td> </tr> <tr> <td>Filing Date</td> <td>January 22, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Hiroyuki NAKAMURA</td> </tr> <tr> <td>Examiner Name</td> <td>SUMMONS, Barbara</td> </tr> <tr> <td>Group / Art Unit</td> <td>2817</td> </tr> <tr> <td>Attorney Docket No.</td> <td>033216.53483.3</td> </tr> </table>		Application Number	10/051,310	Filing Date	January 22, 2002	First Named Inventor	Hiroyuki NAKAMURA	Examiner Name	SUMMONS, Barbara	Group / Art Unit	2817	Attorney Docket No.	033216.53483.3
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<p><b>TOTAL AMOUNT OF PAYMENT</b>      <b>\$900.00</b></p>		<p style="font-size: large; font-weight: bold;">RECEIVED</p> <p style="font-size: large; font-weight: bold;">FEB 19 2004</p> <p style="font-size: large; font-weight: bold;">OFFICE OF PETITIONS</p>													

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">02-4300</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Smith, Gambrell &amp; Russell, LLP</span></p> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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\*\*or number previously paid, if greater; For Reissues, see above

<p><b>SUBMITTED BY</b></p>					<p><i>Complete (if applicable)</i></p>	
Name (Print/Type)	Michael A. Makuch	Registration No. Attorney/Agent)	32,263	Telephone	202-263-4300	
Signature				Date		